



**TOWN OF SCITUATE
BOARD OF HEALTH**

600 Chief Justice Cushing Highway, Scituate, MA 02066
(781) 545-8725 (phone) (781) 545-8866 (fax)
www.scituatema.gov



Public Health
Prevent. Promote. Protect.

Return to Camp Health Supervisor

MEDICAL INFORMATION: CAMP STAFF OVER AGE 18 YEARS

Name: _____ Sex: _____ D.O.B: _____

Address: _____ Current Age: _____

Date of Last Physical Examination: _____

[must be within 24 months for sports, residential, travel and trip camps]

REQUIRED IMMUNIZATIONS - list month and year

1. 2 doses measles vaccine _____
(unless born before 1957)
2. 1 dose mumps vaccine _____
(unless born before 1957)
3. 1 dose rubella vaccine _____
(unless born before 1957)
4. 1 TD booster (within 10 years) _____

SIGNIFICANT MEDICAL HISTORY - list dates: _____

ALLERGY PROBLEMS: _____

REQUIRED MEDICATIONS: _____

**LIST HEALTH CONDITIONS OR IMPAIRMENTS WHICH MAY
AFFECT ACTIVITIES WHILE ATTENDING CAMP:** _____

STAFF SIGNATURE

DATE

PHYSICIAN SIGNATURE

[for sports, residential, travel & trip camps ONLY]